



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
INSURANCE DIVISION  
233 Richmond Street, Suite 233  
Providence, RI 02903 – 4233  
Telephone No. (401) 222-2223  
www.dbr.state.ri.us

FAX No. (401) 222-5475  
TDD No. (401) 222-2999

REQUEST FOR LETTER OF CLEARANCE  
(Please Print)

NAME (Individual) OR BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

License Type: \_\_\_\_\_

Date of Cancellation (if requested): \_\_\_\_\_

RHODE ISLAND *INDIVIDUAL* LICENSE NO: \_\_\_\_\_ (if known)  
Individual SS # \_\_\_\_\_

Or

RHODE ISLAND *BUSINESS ENTITY* LICENSE NO: \_\_\_\_\_ (if known)  
Federal Employer Identification (For Business Entities) No: \_\_\_\_\_

NUMBER OF LETTERS REQUESTED: \_\_\_\_\_ x \$15.00 each = \$ \_\_\_\_\_  
(Each letter requested is \$15.00)

**Check payable to:** General Treasurer State of Rhode Island

*\*You must include a self addressed stamped envelope.*

Or

*\*You may pick up this letter(s) of clearance at this Division. To do so, please provide us with a telephone number where you can be reached (during business hours 8:30-4:00); and we will contact you when ready.*

If you would like to pick up your letter(s) of clearance at the Department, please check here. \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

**NOTE:** The licensee is required to attach the original Rhode Island license with the letter of clearance request. If you are unable to locate the original Rhode Island license, please attach a letter of explanation as to why you are unable to submit the original license.

***FAXED COPIES WILL NOT BE ACCEPTED***